

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Homer Bell

Town

County

Died at

near Rockville

Montgomery

MARYLAND

Date

of death 1908

Month

11

Day

12

Age

Years

31

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Unknown

Father's  
Name

David Bell

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Freeman Perry

How related  
to deceased

Not at all

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 1/2 years

Immediate

Asphyxiation

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

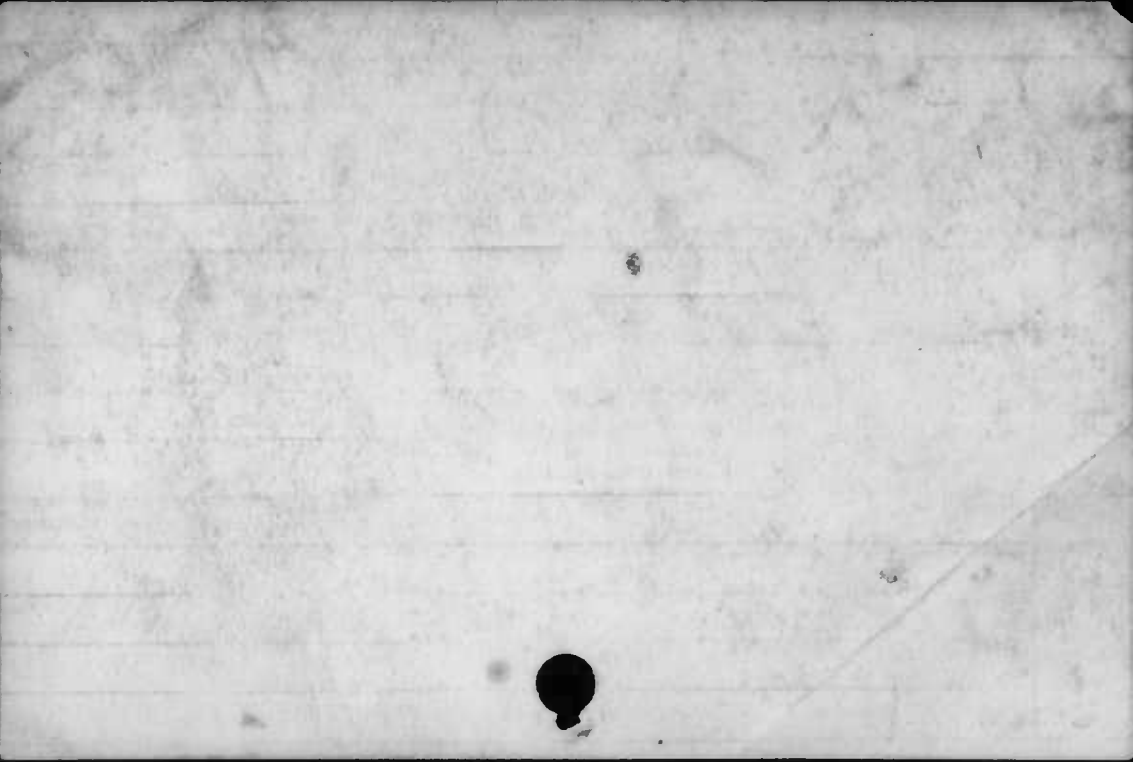
Signature of  
Physician

Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?



Name  
in  
Full

Still Born

Bolton

## CERTIFICATE OF DEATH

Died at *Claysville* Town*Montgomery* County

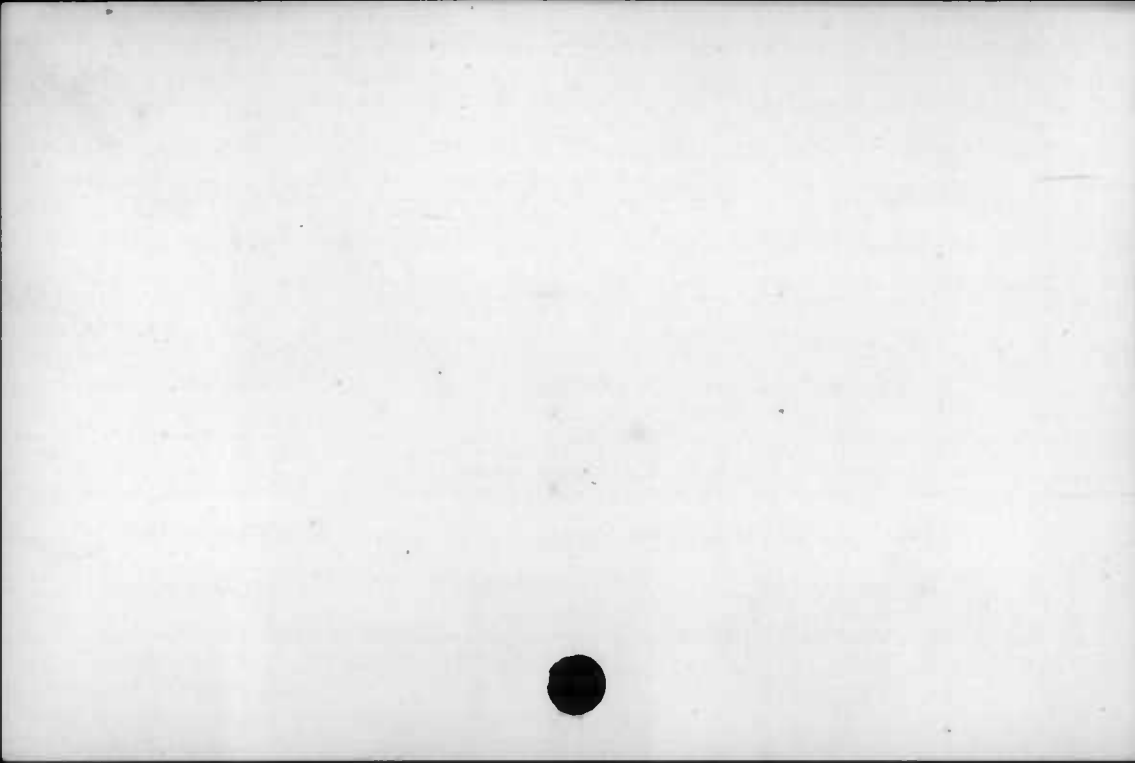
MARYLAND

Date of death *1908* Month *Nov* Day *3* Age *—* Years *—* Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *—*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Theodore Nathaniel Bolton* Father's Birthplace *Montgomery Co*Mother's Maiden Name *Marion May Howes* Mother's Birthplace *Montgomery "*Name of person giving information *T H Dyson* How related to deceased *Wson*

## CAUSES OF DEATH

S

Primary *Still Born Child* How long *—*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *T H Dyson M.D.*Address *Laytonville Ind*Accident or Suicide? *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

Sallie Board

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

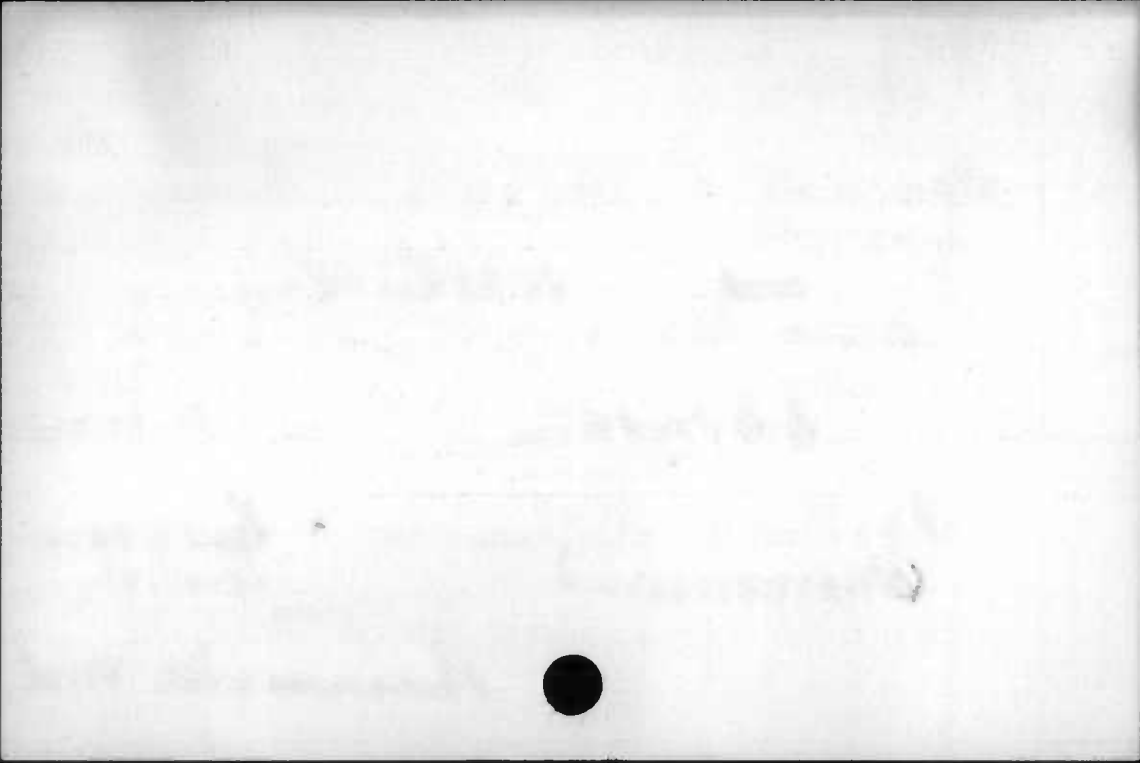
Died at <i>Sandy Spring</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>22</i>	Age <i>81</i> <small>Years</small>	Months <i>11</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Brookville</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death <i>at Sandy Spring</i>		
Married, <i>Single</i> <del>Widow</del>		Name of <del>Wife</del> Husband <i>Samuel S. Board</i>			
Father's Name <i>James Parsley</i>			Father's Birthplace <i>Howard Co.</i>		
Mother's Maiden Name <i>Elizabeth Thompson</i>			Mother's Birthplace <i>Montgomery Co.</i>		
Name of person giving information <i>John H. Parsley</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma (stomach, liver</i>	How long	<i>3 months</i>
Immediate	<i>Coma</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Roger Brooke</i>	
		Address <i>Sandy Spring Md</i>	
Accident or Suicide?			



Name  
in  
Full

*Hellie Brown*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

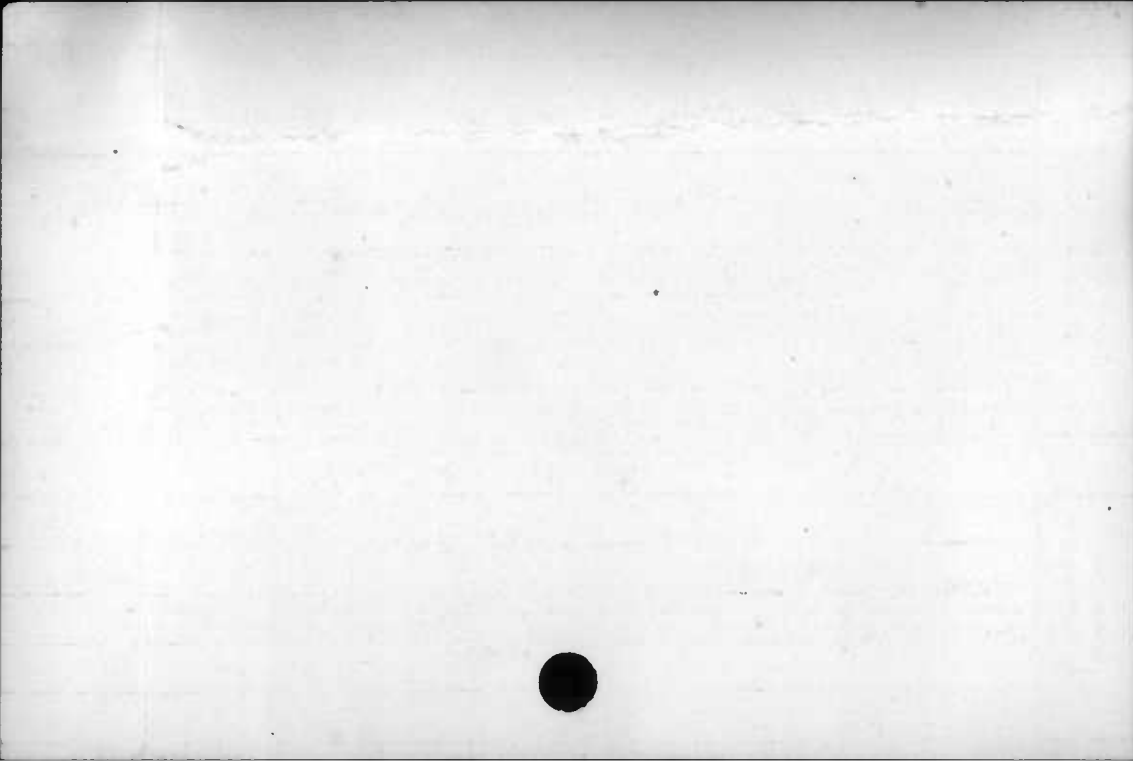
Died at <i>Sellman</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month <i>11</i>	Day <i>12</i>	Age <i>52</i> <sup>Years</sup>	Months <i>for</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Montgomery Co</i>		
Occupation <i>Laundress</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Walter Brown</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Chickie</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

**93**

PHYSICIAN  
OR CORONER

Primary <i>Myocardial disease of heart</i>	How long <i>two years</i>
Immediate <i>Pneumonia</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Stumacher</i>
	Address <i>Barnesville Md</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Henry Augustus Burgess

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Ashton <sup>County</sup> Montgomery MARYLAND

Date of death 1908 Month 11 Day 20 Age — Years — Months — Days 6

Sex Male Color or Race White Birth-place Ashton Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name James Alfred Burgess

Father's Birthplace Prince George's Co

Mother's Maiden Name Grace Virginia Bell

Mother's Birthplace Mont Co

Name of person giving information James A. Burgess

How related to deceased Father

## CAUSES OF DEATH

104

Primary Hemorrhage Stomach

How long 6 hours

Immediate coma

How long 2 hours

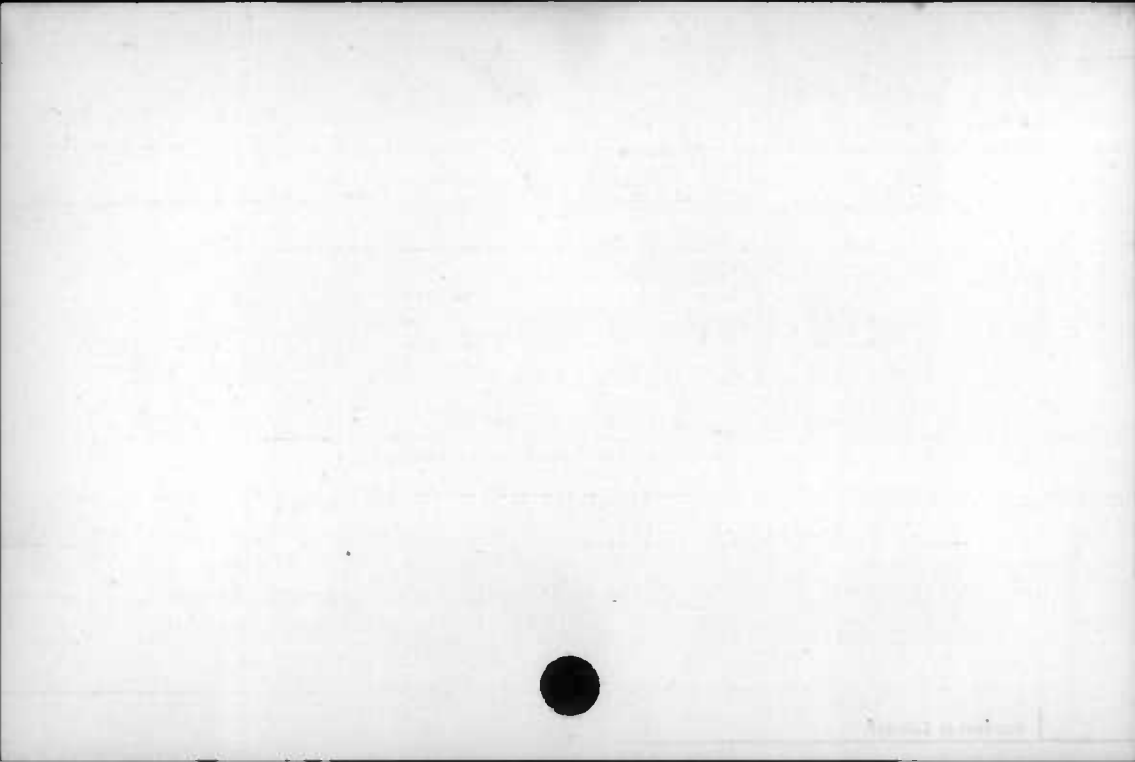
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Roger Butler

Address Sandy Spring Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

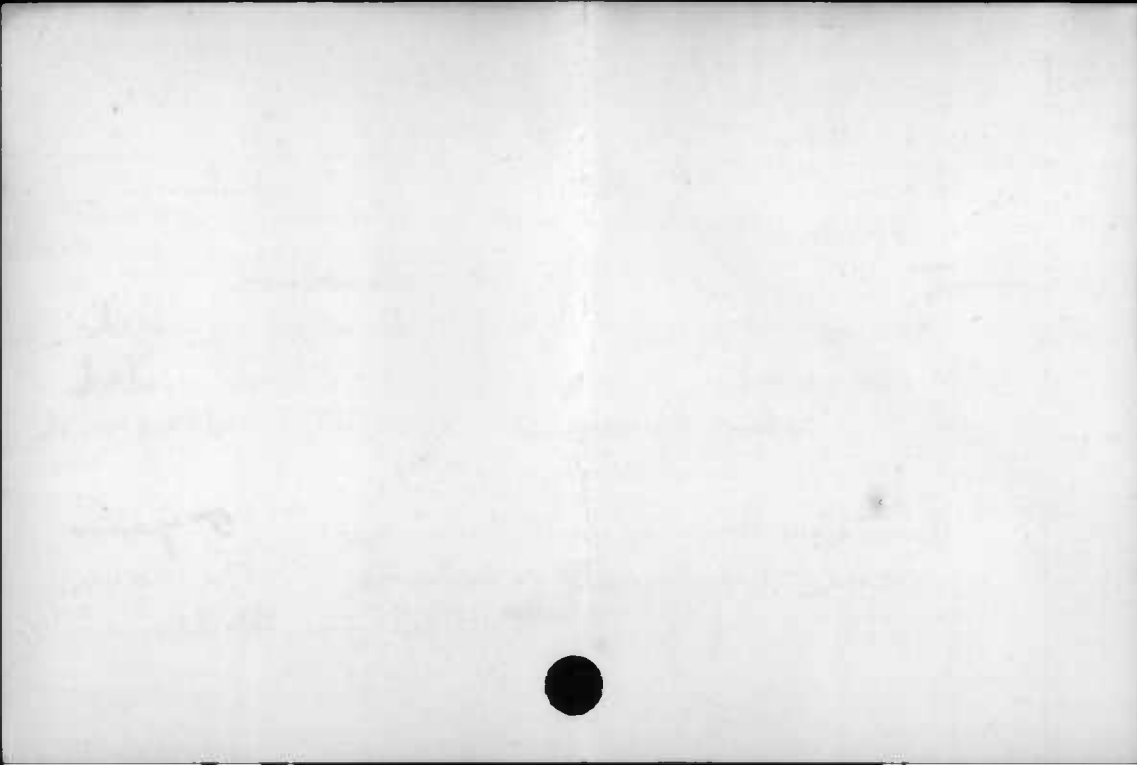
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wheaton</u> <sup>Town</sup>		<u>Carmichael</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Nov</u> <sup>Day</sup> <u>11</u> <sup>Years</sup> <u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup> <u>—</u>		Age <u>—</u>			
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>MD</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>Jno N. Carmichael</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Emma Magnus</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Jno N. Carmichael</u>		How related to deceased <u>Father</u>			

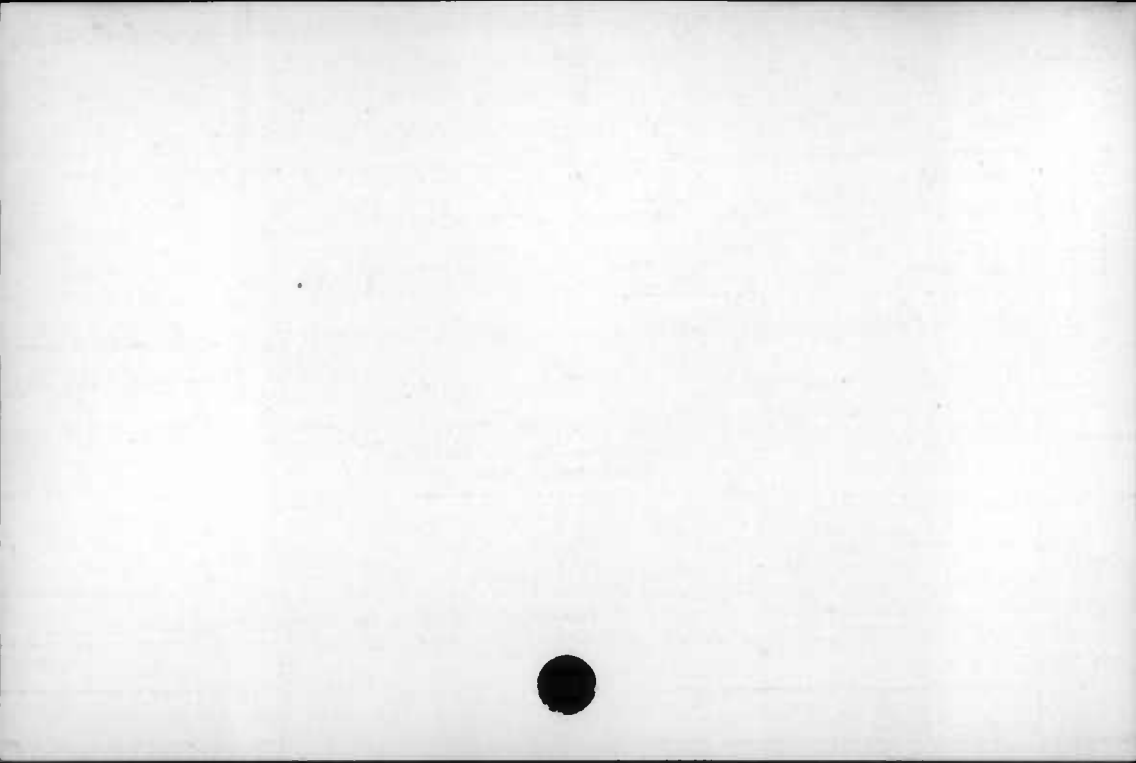
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Prolonged labor</u>	How long	<u>—</u>
Immediate	<u>Shock from</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given, above?		Signature of Physician <u>W. D. Davis</u>	
		Address <u>Kensington</u>	
Accident or Suicide?		<u>MD</u>	



Name in Full		Emma Creamer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died <u>near Lees</u> Town		<u>Montgomery</u> County		MARYLAND		
		Date of death <u>1908</u>	Month <u>Nov</u>	Day <u>28</u>	Age <u>50</u>	Years	Months	Days
		Sex <u>Female</u>	Color or Race <u>W</u>		Birth-place <u>Id</u>			
		Occupation <u>Housewife</u>		Where Residing if not at place of death				
		Married, Single <u>Widowed</u>	Name of Wife or Husband <u>John Creamer</u>					
		Father's Name <u>Thos O'gutt</u>	Father's Birthplace <u>Id</u>					
		Mother's Maiden Name <u>Elizabeth Butts</u>	Mother's Birthplace <u>Id</u>					
PHYSICIAN OR CORONER		Name of person giving information <u>John Creamer</u>		How related to deceased <u>Husband</u>				
		CAUSES OF DEATH		(104)				
PHYSICIAN OR CORONER		Primary <u>Pernicious Anemia - due to hemorrhages</u>		How long <u>5 years</u>				
		Immediate <u>Acute Indigestion &amp; exhaustion</u>		How long <u>One hour</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Clairborne H Munnaght</u>				
				Address <u>Rockville</u>				
		Accident or Suicide? <u>No</u>						



Name  
in  
Full

Henrietta Morrison Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

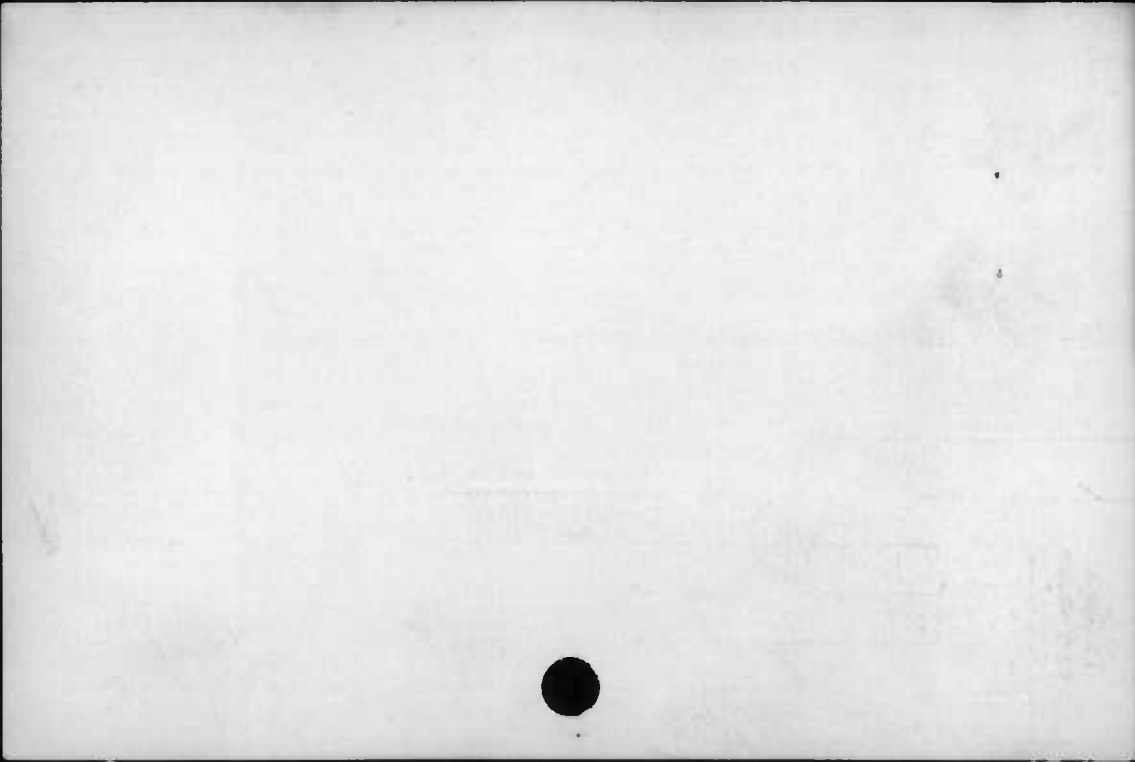
Died at		Town Linden		County Montgomery		MARYLAND	
Date of death		1908	Month 11	Day 6	Age 34	Years 10	Months 28
Sex	female		Color or Race	white		Birth-place	District of Col.
Occupation	wife + mother		Where Residing if not at place of death				
Married, Single or Widowed	<del>Single</del>		Name of Wife or Husband		George R. Davis		
Father's Name	Alex. H. Morrison				Father's Birthplace	St. Louis, Mo.	
Mother's Maiden Name	Mary T. Ellis				Mother's Birthplace	Kansas City, Mo.	
Name of person giving information	George R. Davis				How related to deceased	Husband.	

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary	Chronic peritonitis	How long	4 days
Immediate	Intestinal perforation	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		G. H. Wright	
		Address	
		Forest Glen	
		Maryland	
Accident or Suicide?			





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Georgetown</i> Town		<i>Davis</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Nov</i> Day <i>11</i>		Age <i>—</i> Years <i>—</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Georgetown</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Walter Davis</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Bessie Dugg</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Walter Davis</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Asphyxia</i>	How long <i>—</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E C Etchison</i>
<i>Yes</i>		Address <i>Georgetown Ind</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Theodore Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

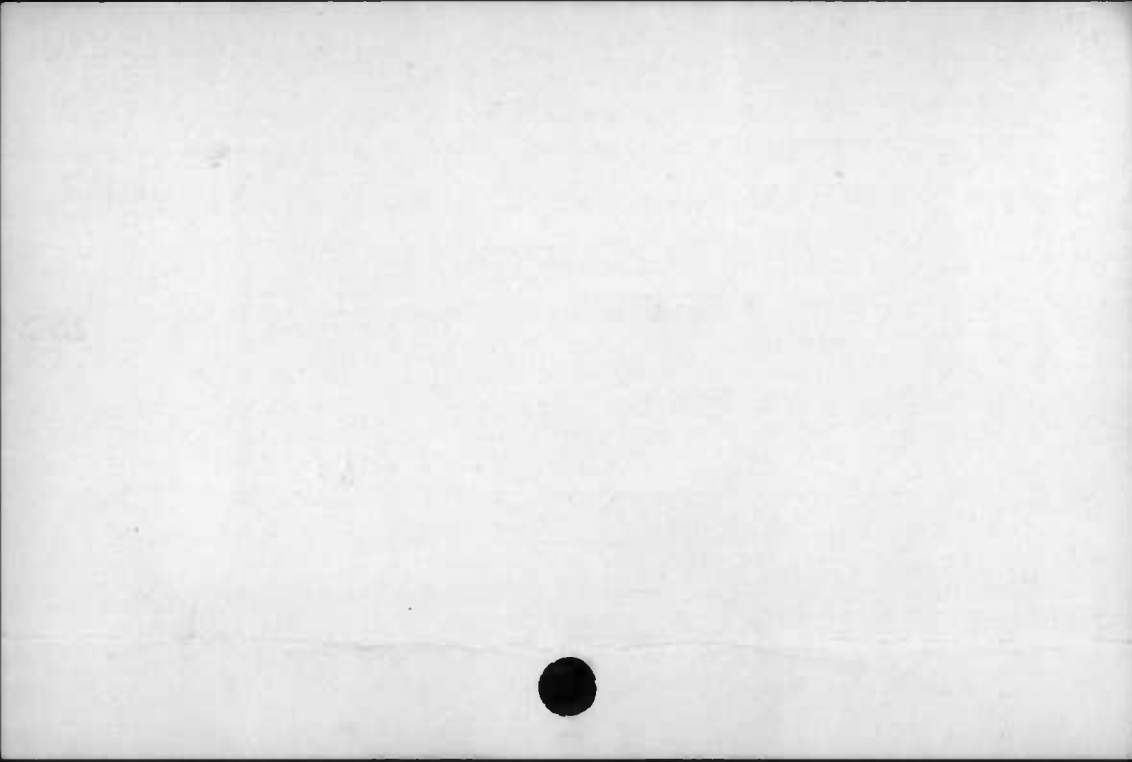
Died at <sup>Town</sup> Takoma Park		<sup>County</sup> Montgomery		MARYLAND	
Date of death	1908	Month	Nov	Day	7
Age	9	Years		Months	X
Sex	Male	Color or Race	White	Birth-place	Takoma Park Md.
Occupation	X	Where Residing if not at place of death	X		
Married, Single or Widowed	X	Name of Wife or Husband	X		
Father's Name	Ben G. Davis			Father's Birthplace	Clinton's
Mother's Maiden Name	Annie L. Sharp			Mother's Birthplace	Pa.
Name of person giving information	Dr. A. V. Parsons			How related to deceased	Physician

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary	Cerebro Spinal Meningitis	How long	5 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. M. Moore, Registrar
		Address	Takoma Park D.C.
Accident or Suicide?			



Name  
in  
Full

Carrie Seaseharber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gaithersburg</u>		Town <u>Montg</u>		County <u>Coe</u>		MARYLAND	
Date of death	1908	Month	Nov	Day	27	Age	2
Sex	Female	Color or Race	White	Birth-place	Gaithersburg	Months	8
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	John Seishaber			Father's Birthplace Germany			
Mother's Maiden Name	Mammie Knott			Mother's Birthplace Maryland			
Name of person giving information	Mammie Knott			How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Membranous Croup	How long	8 Days
Immediate	Membranous Croup	How long	8 Days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	E. A. Etchison
		Address	Gaithersburg, Md.
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

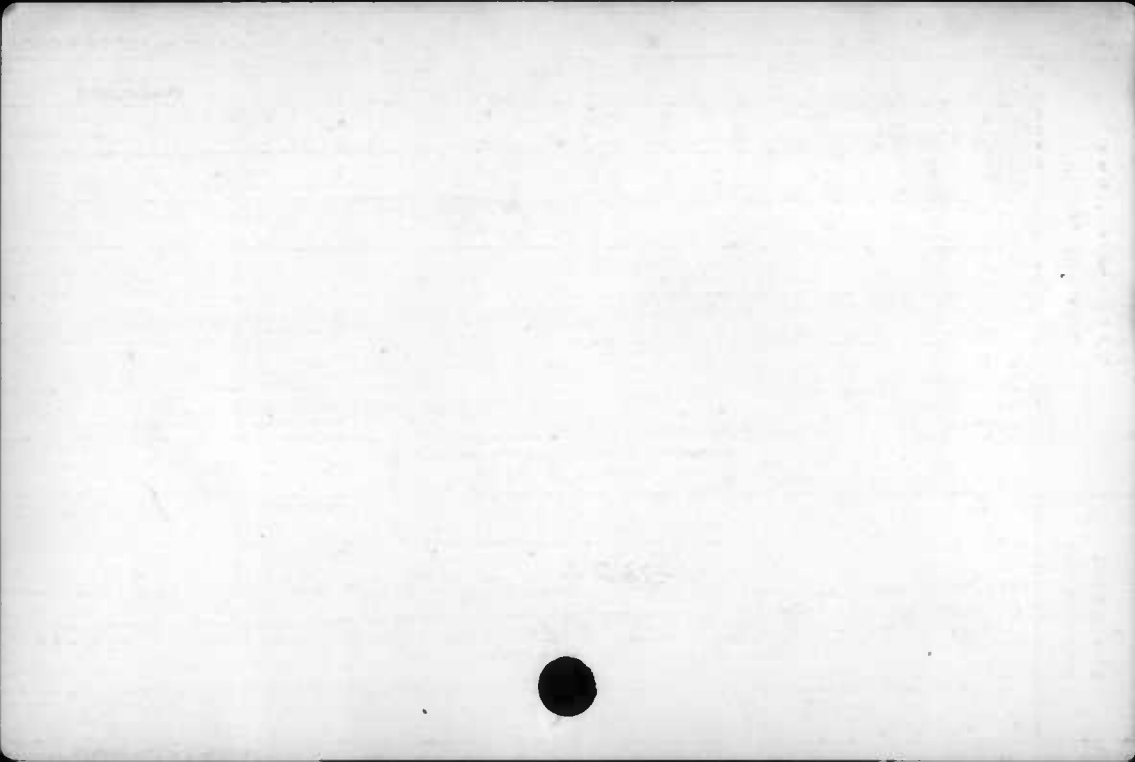
Name in Full <b>Richard T. Gott</b>		Town <b>Rockville</b>		County <b>Montgomery</b>		STATE <b>MARYLAND</b>	
Died at <b>Rockville</b>		Month <b>Nov</b>		Day <b>26</b>		Years <b>1908</b>	
Date of death <b>1908 Nov 26</b>		Age <b>63</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>md.</b>			
Occupation <b>Physician</b>		Where Residing if not at place of death <b>Rockville</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Alice Poole</b>					
Father's Name <b>Thomas Gott</b>		Father's Birthplace <b>md.</b>					
Mother's Maiden Name <b>Eleanor Chewell</b>		Mother's Birthplace <b>md.</b>					
Name of person giving information <b>Julius Hall</b>		How related to deceased <b>None</b>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <b>Nephritis &amp; Mitral Insufficiency</b>	How long <b>2 yrs. + 15 months</b>
Immediate <b>Cardiac Cathexis</b>	How long <b>16 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>E W White</b>
	Address <b>Rockville md.</b>
Accident or Suicide? <b>No</b>	





Name  
in  
Full

CERTIFICATE OF DEATH

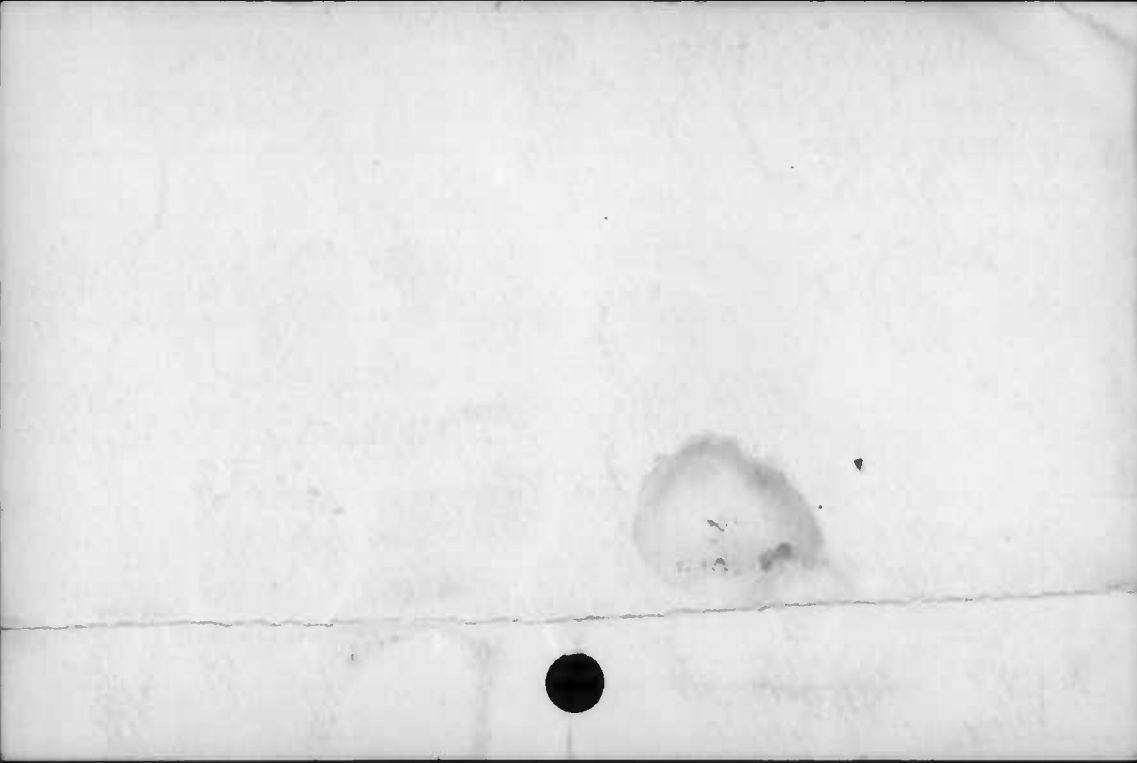
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reinington</i>		Town <i>Reinington</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov.</i>		Day <i>13</i>		Age Years <i>—</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>md</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Haward Triffith</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Elizabeth Perry</i>		Mother's Birthplace <i>md</i>					
Name of person giving In formation <i>Haward Triffith</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>Still born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Engel Jones</i>
	Address <i>Reinington md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

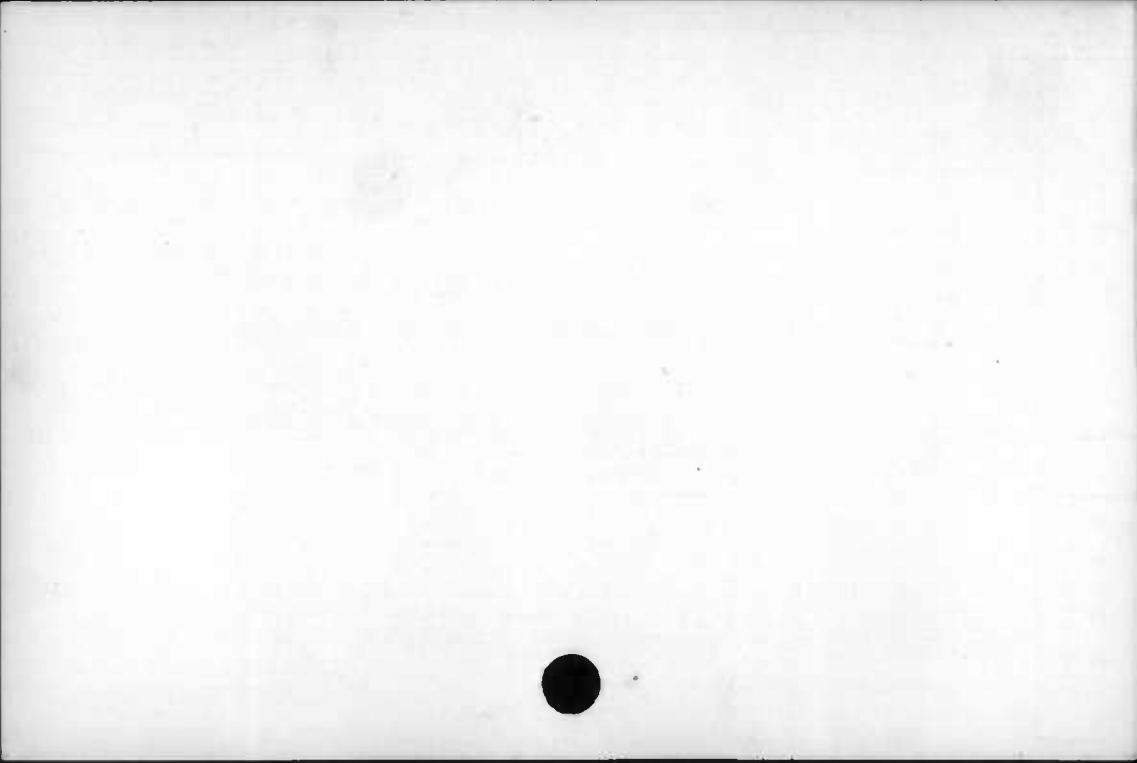
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Edison</u> Town		<u>Hall</u> County		MARYLAND	
Date of death	1908	Month	Nov.	Day	8
Sex	Female	Color or Race	Colored	Age	—
Occupation	None	Birth-place	Moulg. Co., Md.	Months	—
Where Residing if not at place of death		Days			
Married, Single or Widowed		Single			
Name of Wife or Husband		None			
Father's Name		Thomas Hall			
Father's Birthplace		Moulg. Co., Md.			
Mother's Maiden Name		Margaret Powell			
Mother's Birthplace		Moulg. Co., Md.			
Name of person giving information		Herbert Dublin			
How related to deceased		No relation			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Physical Asthenia	How long	st birth
Immediate	Still born	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes or No	Signature of Physician	Chas. Fargue, M.D.
for as known		Address	Olney, Md.
Accident or Suicide?			



Name  
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

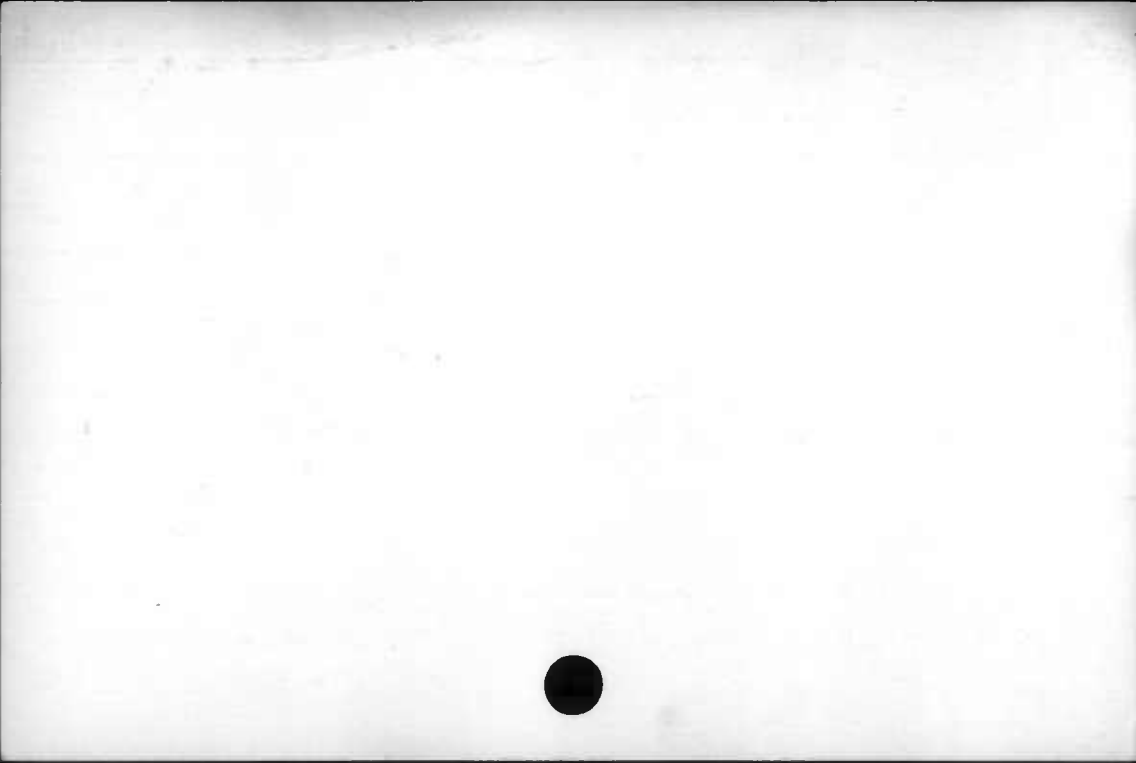
Died at		Town Cecil, Maryland		County Montgomery		MARYLAND	
Date of death		190		Age		64	
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		X	
Married, Single or Widowed		Married		Name of Wife or Husband		Thomas Hensley	
Father's Name		Upton West		Father's Birthplace		Unknown	
Mother's Maiden Name		Evelyn Puringil		Mother's Birthplace		Unknown	
Name of person giving Information		Mabel Hinton		How related to deceased		None	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long	34 days.
Immediate	Paralysis	How long	34 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Mrs. Hinton		M. J. Pratt	
Address		R2 Rockville, Md.	
Accident or Suicide		Neither	



Name  
in  
Full

CERTIFICATE OF DEATH

Eliza Morrison Junker

Town Woodside

County

Ann & Quay

MARYLAND

Died at

Date

of death

1908 Nov

Day

9

Age

81

Year

1908

Days

9

Sex

Female

Color & Race

White

Birth place

Ireland

Occupation

None

Where Residing if not at place of death

Woodside Md

Married, Single or Widowed

Widow

Name of Wife or Husband

Charles H Junker

Father's Name

Alex Morrison

Father's Birthplace

Ireland

Mother's Maiden Name

Elizabeth Morrison

Mother's Birthplace

Ireland

Name of person giving information

Elizabeth M Benedict

How related to deceased

daughter

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

9 days

Immediate

Exhaustion

How long

9 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Alfred Parsons

Address

Palmyra Park, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dr. Purpus  
Lima  
Peru



Name  
in  
Full

Edward J Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

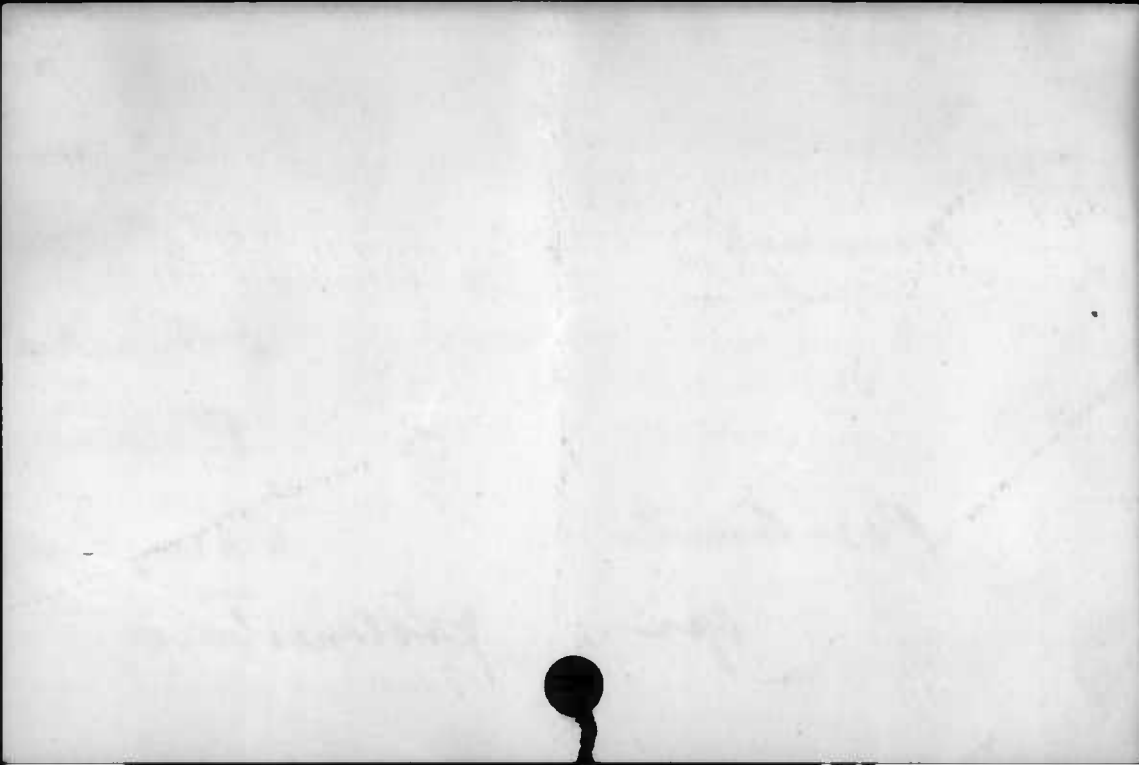
Died at <i>Kennington</i> Twn		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month	Nov	Day	19
Age	Years	2	Months		Days
Sex	Male	Color or Race	White	Birth-place	Montgomery Co
Occupation	Motorman on R.R.		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Married		Josie Collis Kelley			
Father's Name	Dnt. Know			Father's Birthplace	Md
Mother's Maiden Name	Dnt. Know			Mother's Birthplace	Md
Name of person giving information	Physician			How related to deceased	none

CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary	Bronchial Asthma	How long	38 yrs
Immediate	Heart Failure	How long	1 1/2 hr
Are the name, age, sex, color, date, and place correctly given above?		Signature of Physician	
yes		W. L. Lewis	
		Address	
		Kennington	
Accident or Suicide?			
no			



Name  
in  
Full

Frank Kretchmer

## CERTIFICATE OF DEATH

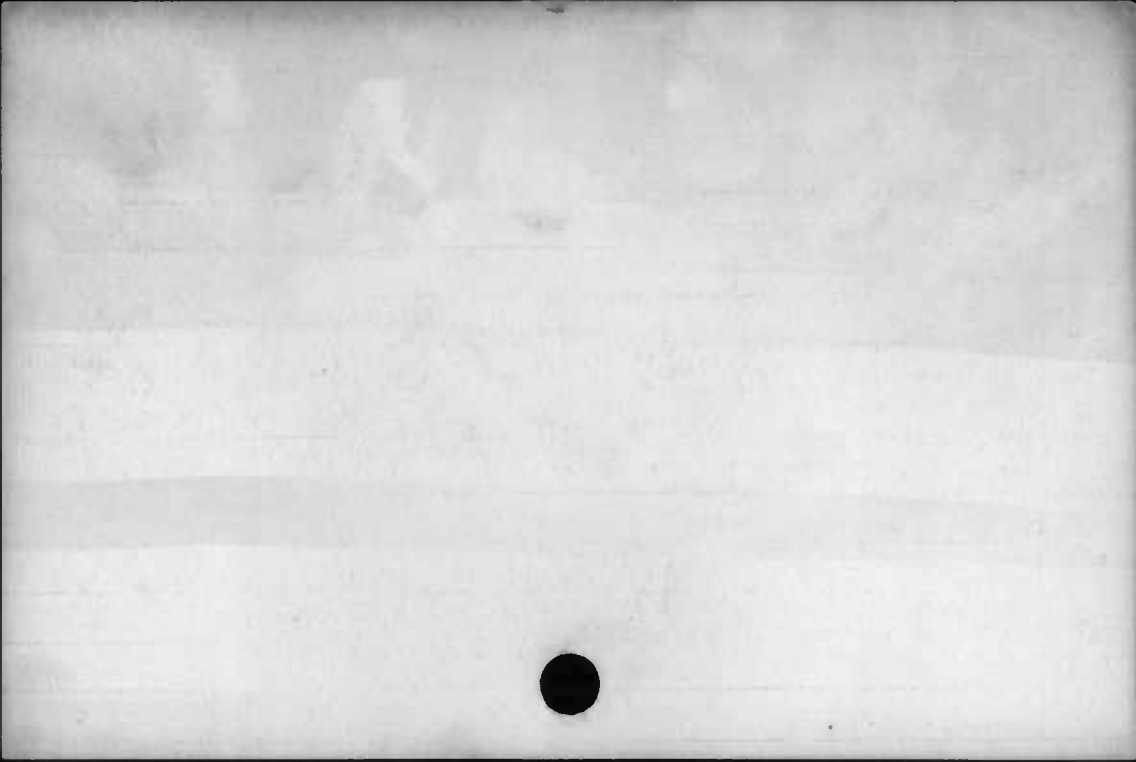
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Washington		County D.C.		State MARYLAND	
Date of death		1908	Month Nov	Day 1	Years 19	Months 9	Days —
Sex Male		Color or Race White		Birth- place Russia			
Occupation Merchant				Where Residing if not at place of death Halpine, Md			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Samuel Kretchmer				Father's Birthplace Russia			
Mother's Maiden Name Rachel Kretchmer				Mother's Birthplace Russia			
Name of person giving Information R. Pacheco				How related to deceased Cousin			

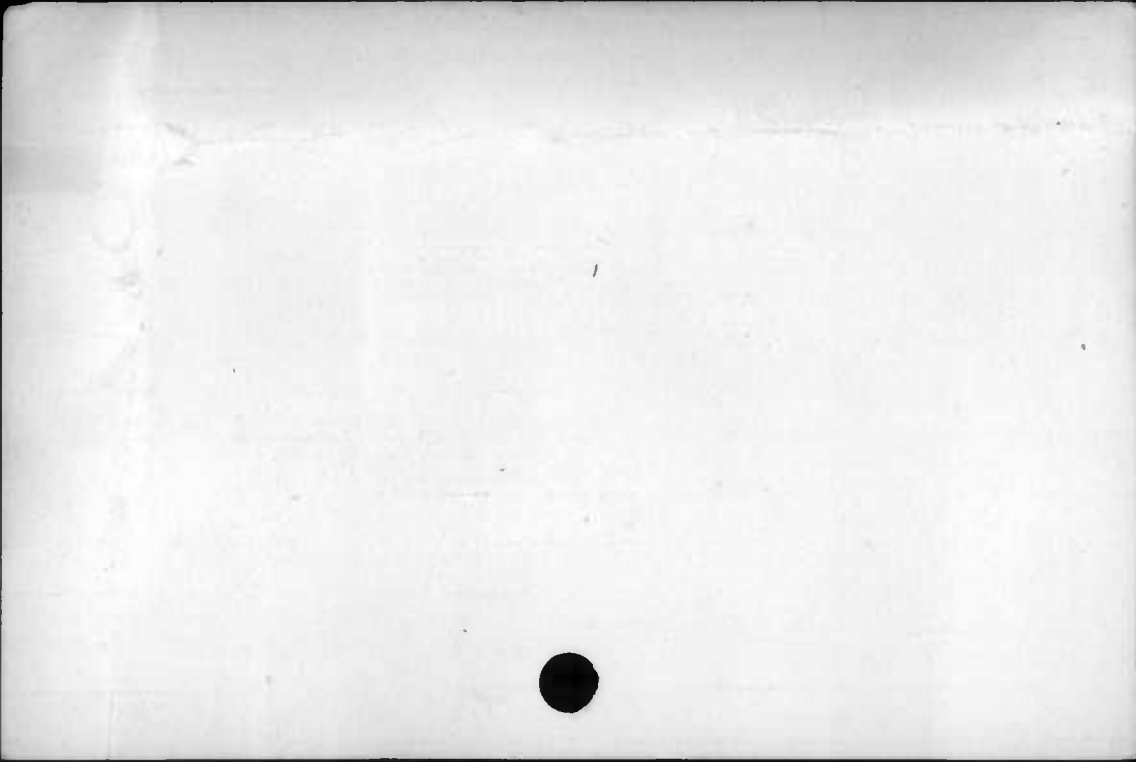
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Gun shot wound of chest, stomach & intestines		How long 23 hours
Immediate Internal hemorrhage		How long 23 hours
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician C. H. Mannar M.D.
		Address Rockville
Accident or Suicide? No		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sullivan</u> Town		County <u>Montgomery</u>	
		Date of death <u>1908</u> <u>11</u> Month <u>16</u> Day		Age <u>21</u> Years <u>ten</u> Months <u>—</u> Days	
		Sex <u>Female</u>		Color or Race <u>Colored</u>	
		Occupation <u>Housework</u>		Birth-place <u>Sullivan</u>	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>	
		Father's Name <u>Dennis Lee</u>		Father's Birthplace <u>Jacksonville Ind</u>	
Mother's Maiden Name <u>Mary Onley</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Dennis Lee</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Peritonitis</u>		How long <u>Three days</u>	
		Immediate <u>Heart Failure</u>		How long <u>—</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Stonestreet</u>	
		Accident or Suicide? <u>—</u>		Address <u>Barnesville Ind</u>	



Name  
in  
Full

*Still Born Luster*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Emory Grove* Town *Emory* County *Emory*  
 Date of death *1905* Month *Nov* Day *15* Age *—* Years *—* Months *—* Days *—*  
 Sex *Male* Color or Race *Black* Birth-place *Emory Grove*  
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Aaron Luster*

Father's Birthplace *Ind*

Mother's Maiden Name *Hannett Moore*

Mother's Birthplace *Ind*

Name of person giving information *Aaron Luster*

How related to deceased *Father*

CAUSES OF DEATH

*(S)*  
How long *1*

Primary *Asphyxia*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*E. C. Atchison*  
*Guthrie, Ind*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

C. C. Crusser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

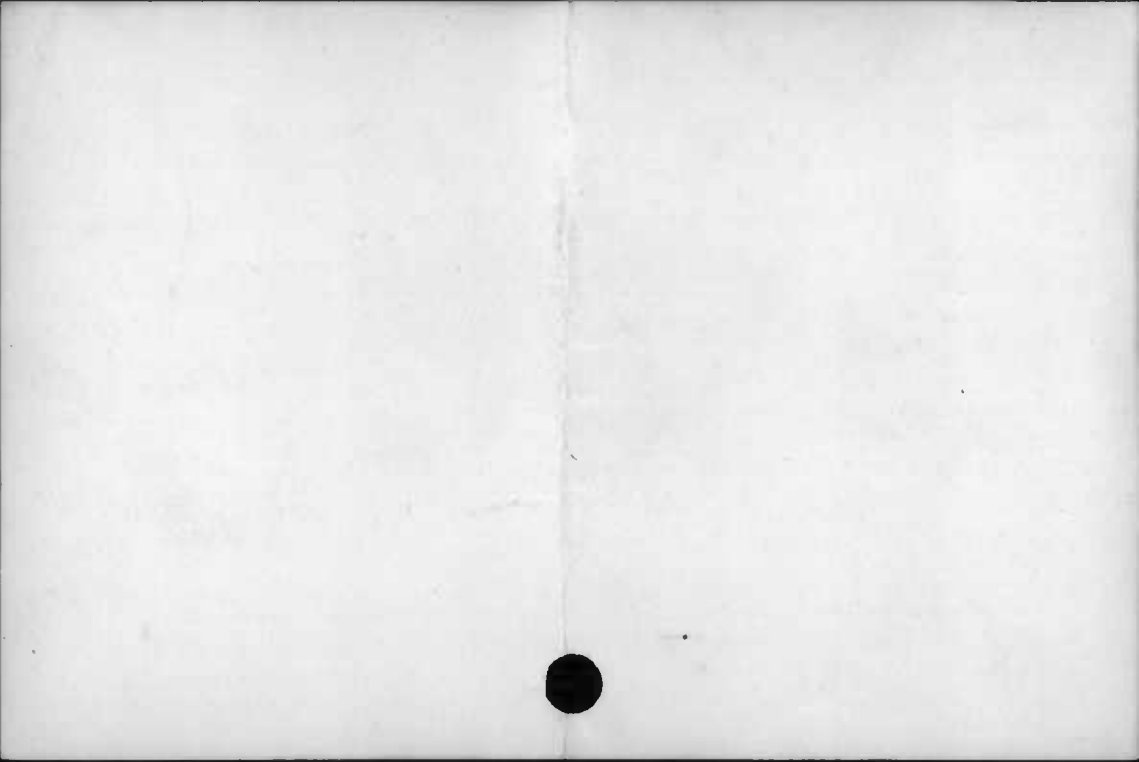
Died at		Town Baltimore		County Montgomery		MARYLAND	
Date of death		1908	Month Nov	Day 5	Age 67	Years	Months Days
Sex female		Color or Race white		Birth- place Ind			
Occupation housekeeper		Where Residing if not at place of death					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name William Crusser		Father's Birthplace Ind					
Mother's Maiden Name Sarah Henderson		Mother's Birthplace Kentucky					
Name of person giving Information J. B. Anderson		How related to deceased nephew					

## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary Diabetes		How long several years	
Immediate Diabetic coma		How long 36 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. B. Anderson	
		Address Rockville Ind	
Accident or Suicide?			



Name  
in  
Full

Still Born Newman

CERTIFICATE OF DEATH

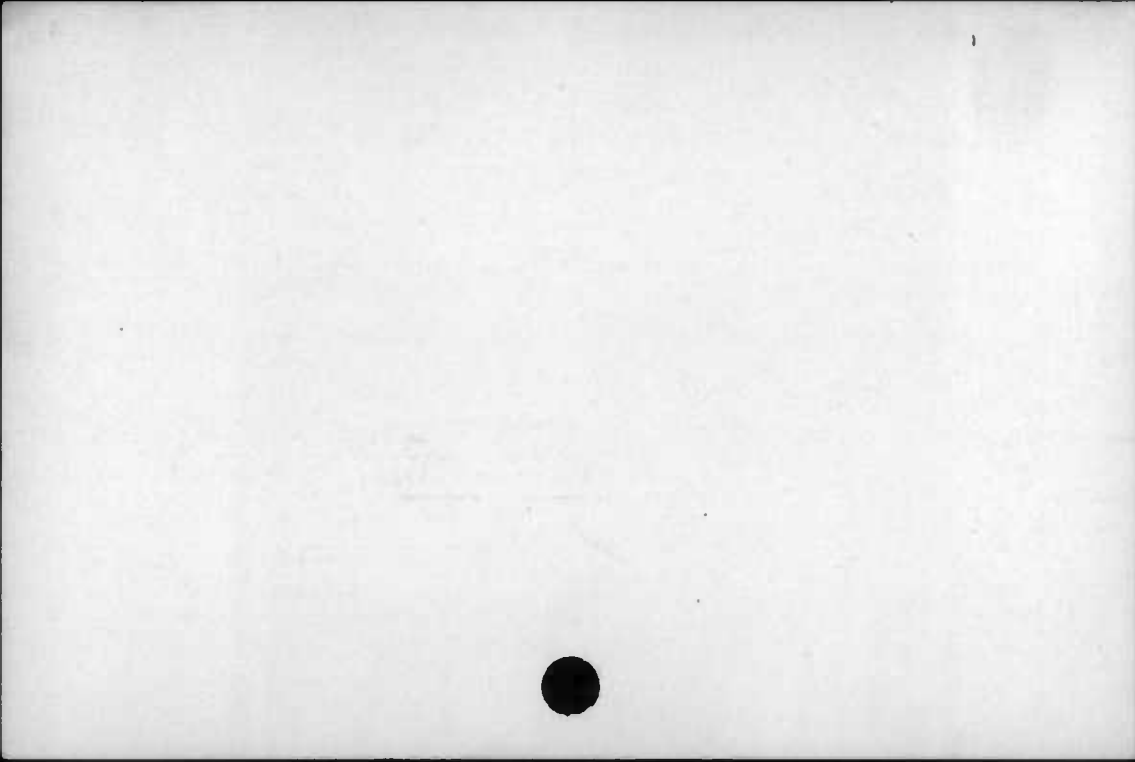
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Redland</u> Town		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905 Nov</u> Month		Day <u>44</u>	Age <u>5</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>—</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Frank Newman</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Carrie Liles</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Frank Newman</u>			How related to deceased <u>Yalta</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Asphyxia</u>	How long <u>—</u>
Immediate		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. G. Etchison</u>
<u>Yes</u>		Address <u>Garrettsburg Ind</u>
Accident or Suicide?		



Name  
in  
Full

Elyia Parkins Nidorff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

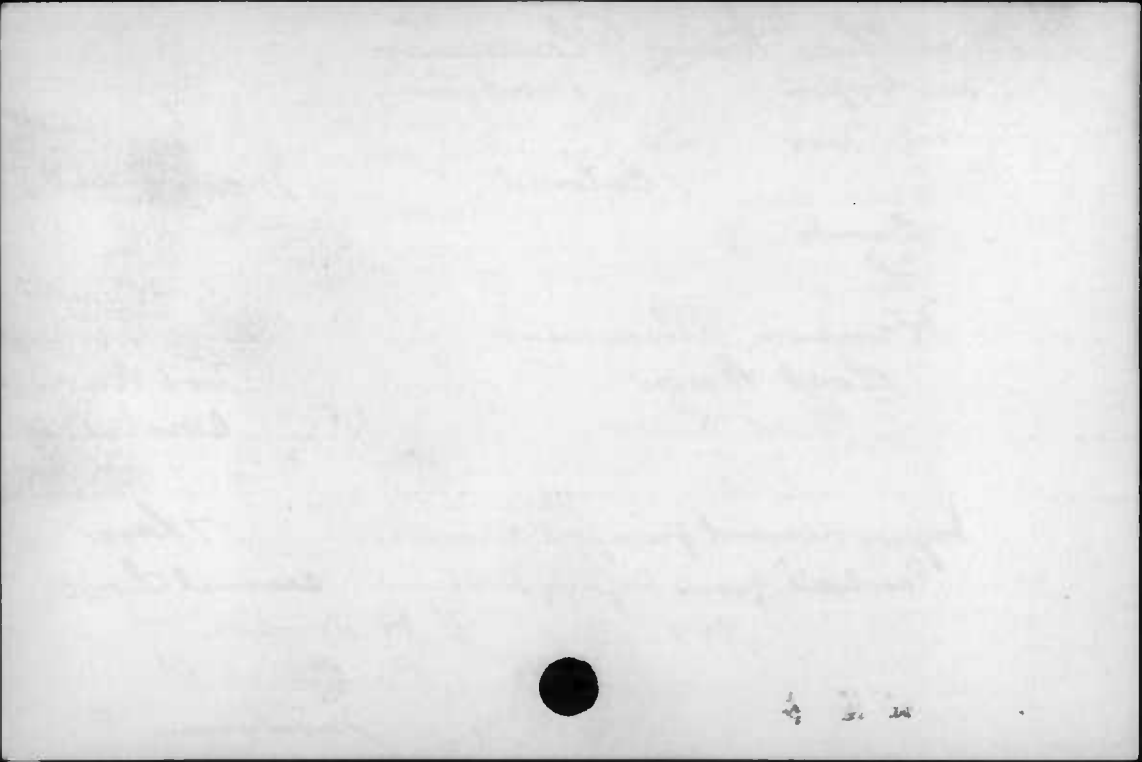
Died at		Town Fork Glen		County Montgomery		MARYLAND	
Date of death	1908	Month 11	Day 29	Age 64	Months 10	Days 26	
Sex	Female		Color or Race	White		Birth- place	Middletown Va.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	<del>Married</del>			Name of Wife or Husband Louis M. Nidorff			
Father's Name	David J. Miller				Father's Birthplace	Va.	
Mother's Maiden Name	Mary E. Parkins				Mother's Birthplace	Va.	
Name of person giving In formation	Mrs. Carrie B. Timberlake				How related to deceased	Sister	

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary	Carcinoma Uterus	How long	3 years.
Immediate	" Secondary infection	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. A. Wright M.D.	
Address		Fork Glen, Md.	
Accident or Suicide?			



Name  
in  
Full

Sarah A. Penn

## CERTIFICATE OF DEATH

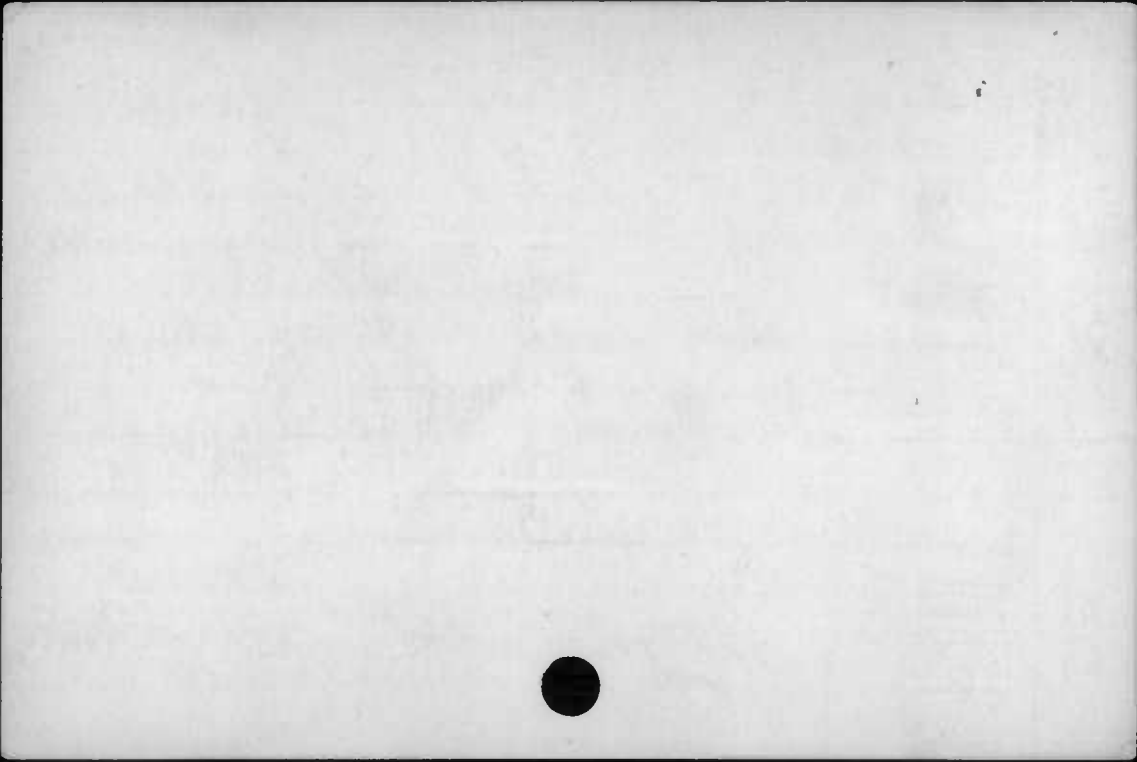
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Redland</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>November</i>	Day <i>25</i>	Age <i>83</i>	Months <i>4</i>	Days <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>Wm Penn</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Sarah Penn</i>	Name of person giving information <i>Sister-in-law Mrs H.A. Penn</i>		How related to deceased <i>Sister-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>old age</i>	<i>64</i> How long <input checked="" type="checkbox"/>
Immediate	<i>apoplexy</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>George E. Lewis, M.D.</i>
		Address <i>Rockville, Md.</i>
Accident or Suicide?	<input checked="" type="checkbox"/>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Rachel Peter* Town *Seneca* County *Montg*

Died at *Seneca* Month *11* Day *9* Years *37* Months *—* Days *—*

Date of death *1908* Age *37*

Sex *Female* Color or Race *Legro* Birth-place *Montg Co Md.*

Occupation *Housewife* Where Residing if not at place of death *At place of death*

Married, ~~Single~~ or Widowed *—* Name of Wife or Husband *Henry Peter*

Father's Name *Cornelius Stuart* Father's Birthplace *Pa.*

Mother's Maiden Name *Eliza Stuart* Mother's Birthplace *Pa.*

Name of person giving Information *M. D. Nourse* How related to deceased *Niece.*

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Paralysis (Cerebral Hemorrhage)* How long *12 hrs*

Immediate *Coma* How long *12 hrs*

Are the name, age, sex, color, date and place correctly given above?

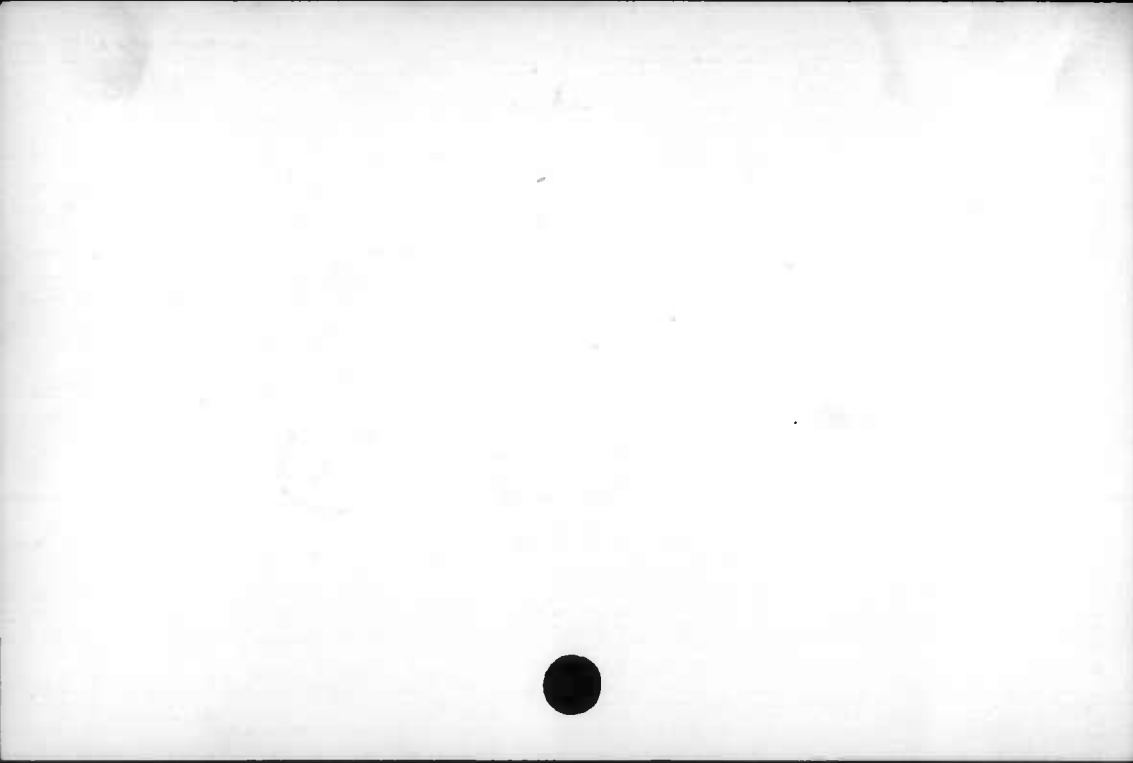
*Yes*

Signature of Physician

Address

*M. D. Nourse M. D.*  
*Danversville Md.*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Martha King Plummer

Died at Newington <sup>Town</sup>Montgomery <sup>County</sup>

MARYLAND

Date of death 1908 Nov <sup>Month</sup>20 <sup>Day</sup>Age 78 <sup>Years</sup>

Months

Days

Sex FemaleColor or Race ColoredBirth-place Montgomery CoOccupation CookWhere Residing if not  
at place of death —Married, Single  
or Widowed SingleName of Wife or  
Husband —Father's Name Henson PlummerFather's Birthplace MontgomeryMother's Maiden Name don't knowMother's Birthplace Not knownName of person giving  
Information Ed KeysHow related  
to deceased son in law

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

Injury occurred from fall down stair steps

How long

17 days

Immediate

Paralysis from injury to Spine

How long

several daysAre the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

V H DysonLaytonvilleMontgomery Co

Accident or Suicide?



Name  
in  
Full

Mary Hammond Scott

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

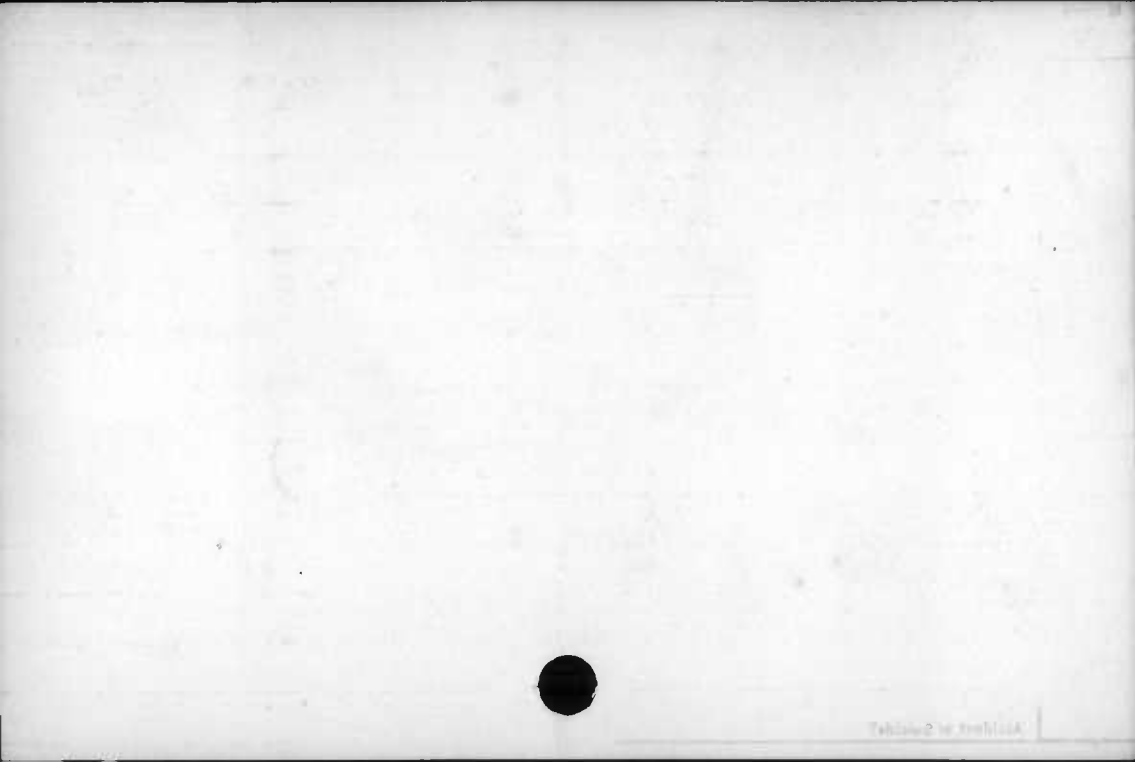
Died at <i>Sandy Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>11</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age <i>28</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>28</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>light Brown</i>		Birth-place <i>Norbeck Md</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Sandy Spring</i>				
Married, Single or Widowed <i>Single</i>	Name of <del>Wife or</del> Husband <i>James H Scott</i>				
Father's Name <i>Josephus Hammond</i>	Father's Birthplace <i>Haward Co.</i>				
Mother's Maiden Name <i>Fannie Clark</i>	Mother's Birthplace <i>Norbeck Md</i>				
Name of person giving information <i>James H Scott</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary <i>Self strangled across</i>	How long <i>commenced 3-years</i>
Immediate <i>abuse of Lungs</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Brinker</i>
	Address <i>Sandy Spring Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

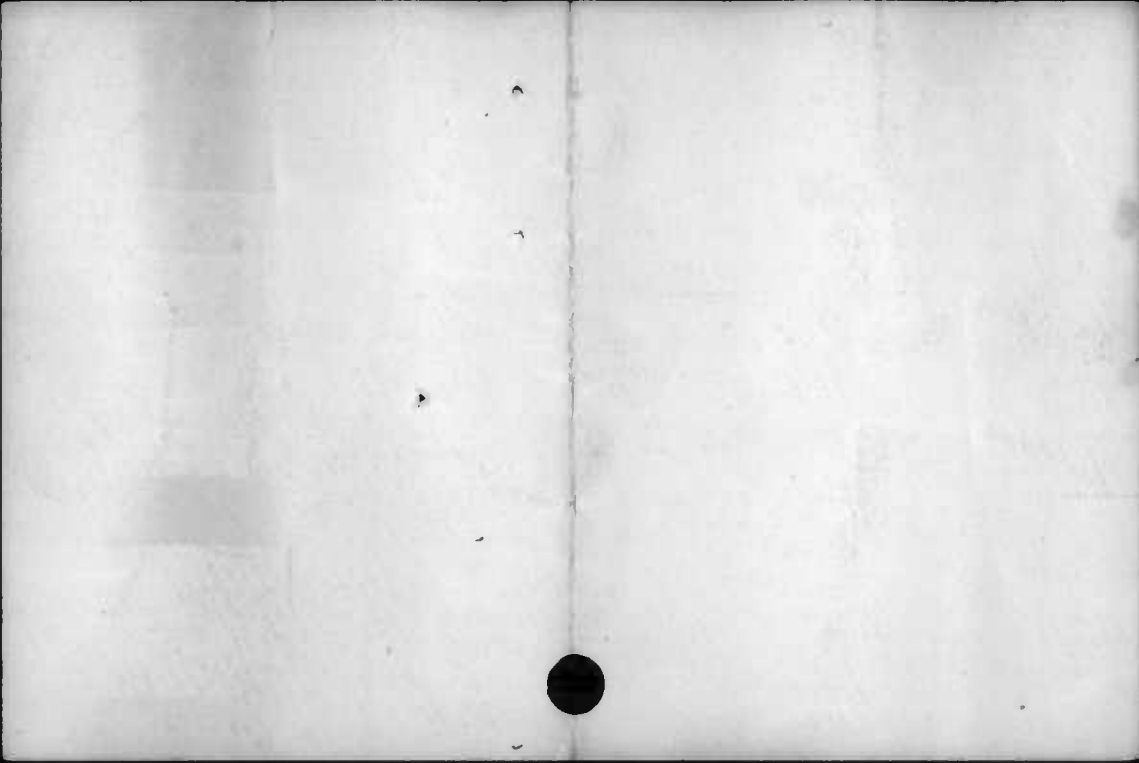
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month <i>Nov</i>	Day <i>5</i>	Age <i>34</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>black</i>		Birth- place <i>Ind</i>				
Occupation <i>waiter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>Tom Sedgwick</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving in formation <i>J. B. Anderson</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Anderson, M.D.</i>
	Address <i>Rockville</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Town</i> <i>Near Rockville</i>		<i>County</i> <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>-</i>	Years <i>31</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>M</i>	Color or Race <i>W</i>		Birth-place <i>Sont Racer</i>		
Occupation <i>R.R. employee</i>			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Sont Racer</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>M</i>		Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>M</i>		Mother's Birthplace <i>-</i>			
Name of person giving Information <i>Jos Reading - Coroner</i>			How related to deceased <i>Not at all</i>		

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Crushed by Engine</i>	How long <i>1/2 to 3/4 hour</i>
Immediate <i>Shock &amp; Exhaustion</i>	How long <i>" " "</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>C. H. Mansfield</i>
	Address <i>Health Officer</i>
Accident or Suicide? <i>gas</i>	<i>Rockville -</i>



Name  
in  
Full

Andrew J. Snowden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

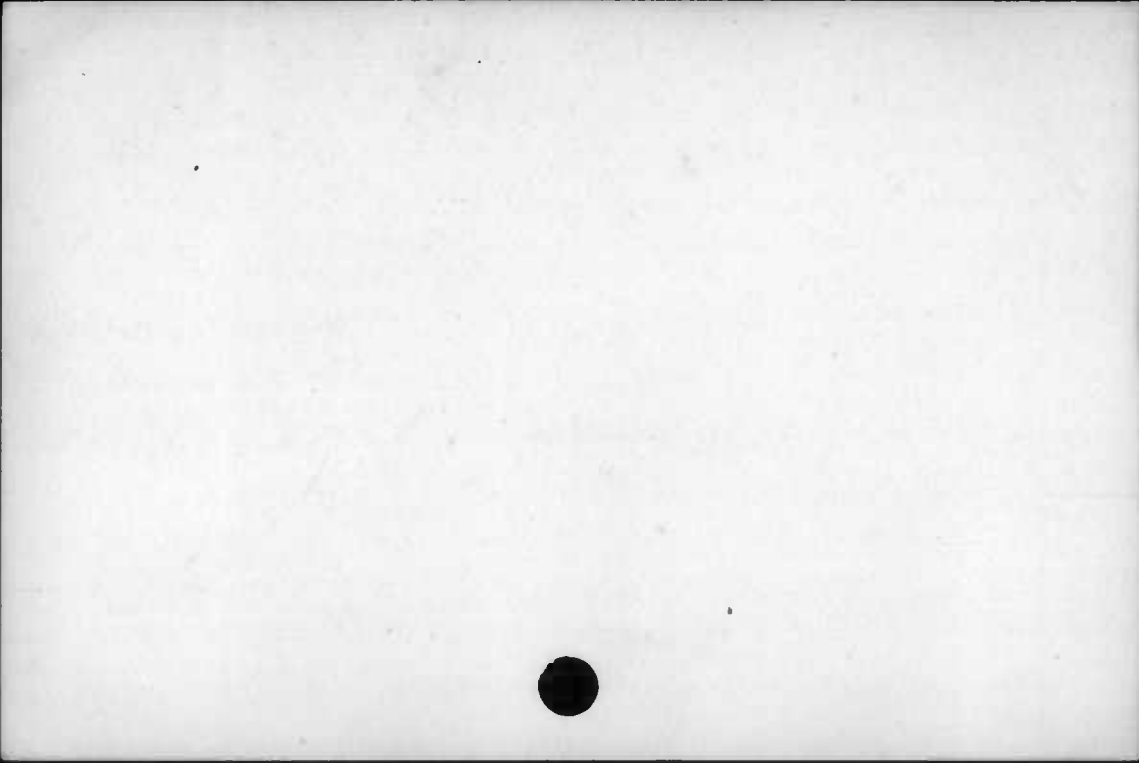
Died at <i>Elishua Riggs</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	1908	Month	November	Day	10 <sup>th</sup>
Age		30		Years	
Sex	Male	Color or Race	Black	Birth-place	Howard Co Md
Occupation	General servant		Where Residing if not at place of death	<i>Elishua Riggs Md</i>	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Asbury M Snowden</i>			Father's Birthplace	Howard Co Md
Mother's Maiden Name	<i>Charlott Snowden</i>			Mother's Birthplace	Howard Co Md
Name of person giving information	<i>Mrs Elishua Riggs</i>			How related to deceased	None

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary	<i>Suicide</i>	How long	
Immediate	<i>Gunshot wound in stomach</i>	How long	<i>self inflicted</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of	<i>Edw. S. O. Brown Jr.</i>
		Address	<i>Laytonville Md</i>
Accident or Suicide?	<i>Suicide</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakdale</i> Town		<i>Thomas</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>Nov.</i> Day <i>15</i>		Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>Part of day</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Montg. Co., Md.</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Charles Thomas</i>		Father's Birthplace <i>Montg. Co., Md.</i>			
Mother's Maiden Name <i>Mary Young</i>		Mother's Birthplace <i>Montg. Co., Md.</i>			
Name of person giving information		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long
Immediate <i>Premature</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguhar</i>
	Address <i>Olney, Md.</i>
Accident or Suicide?	

